

PATENT APPLICATION FEE DETERMINATION RECORD
Substitute for Form PTO-675

Accident of Patient No. 1

1915.9.6.11.3

29/276110

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE (7 CFR 1.16(d))		
TOTAL CLAIMS (7 CFR 1.12(d))	claims 20 =	
INDEPENDENT CLAIMS (7 CFR 1.16(d))	claims 3 =	
MULTIPLE DEPENDENT CLAIM PRESENT		(7 CFR 1.12(d))

* If the difference in column 1 is less than zero, order 'W' is column 2.

CLAIMS AS AMENDED - PART II

4/25/05

		(Column 1)	(Column 2)	(Column 3)	
AMENDMENT 1		CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	
	Total of ONE LEAD	13	16	20	
	Independent of ONE LEAD	21	16	3	

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (57 CFR 1.1600)

SMALL ENTITY	
RATE	ADDITIONAL FEE
X \$ <u> </u>	
X \$ <u> </u>	
+ \$ <u> </u>	
TOTAL ADD'L FEE	

OTHER THAN SMALL ENTITY	
RATE	ADDITIONAL FEE
X \$ <u> </u>	=
X \$ <u> </u>	=
+ \$ <u> </u>	=
TOTAL	ADDITIONAL FEE

9/30/05

AMENDMENT	CLASS REMARKING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 1)		(Column 2)		(Column 3)	
			MINUS	PLUS	MINUS	PLUS	MINUS	PLUS
Third of CFR 1.1000	15	MINUS	20	PLUS				
Independent of CFR 1.1000	4	MINUS	3	PLUS				1

RATE	ADDITIONAL FEE
X \$ =	
X \$ =	
+ \$ =	
TOTAL ADD'L FEE	

RATE	ADDITIONAL FEE
xs =	
xs 200 =	200
4s =	
TOTAL ADD'L FEE	200

AMENDMENT	4420
	Total 07 CFR 1.4000
	Independent 07 CFR 1.4000
	FIRST PREPARED

(Column 1)		(Column 2)		(Column 3)	
AMENDMENT NUMBER	CLAMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA
Total 57 CFR 1.1600	13	Minus	20	+	8
Independent 57 CFR 1.1600	4	Minus	4	+	8

RATE	ADDITIONAL FEE
X \$ <u> </u>	=
X \$ <u> </u>	=
+ \$ <u> </u>	=
TOTAL	
ADDL FEE	

RATE	ADDITIONAL FEE
<u>50</u>	
<u>200</u>	
<u>300</u>	
TOTAL	ADDITIONAL FEE

- If the entry in column 1 is less than the entry in column 2, write 'U' in column 2.
- If the "Highest Number Previously Paid For" IN THIS SPACE is less than 29, enter '29'.
- If the "Highest Number Previously Paid For" IN THIS SPACE is less than 30, enter '30'.

000 "Highest Number Previously Paid For" IN THIS SPACE Is less than 3, enter "3".
The 2nd-highest Number Previously Paid For is less than 3, enter "3".

USPTO The Request Number Previously Paid For* (Total or Individual) is the highest number found in the appropriate box in column 1. This collection of information is required by 37 CFR 1.18. The information is required to obtain or retain a benefit by the public which is to be (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-367-2228 and select option 2.